Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2008

<u> </u>	the 2008 ca	lendar year, or tax year beginning 7/01/08, and ending 6/30/09									
	k if applicable: ess change	Please C Name of organization ASPERGER'S ASSOCIATION OF NEW ENGLAND, INC.	D	Emplo	yer identification number						
Name	change	label or Doing Business As		04-	3376227						
=	_	type. Number and street (or P O box if mail is not delivered to street address) Room		E Telephone number							
岡	retum	See 85 MAIN STREET 10)1	<u>617</u>	<u>-393-3824</u>						
=	ination	Instruc- City or town, state or country, and ZIP + 4	G	Gross rece	ipts 1,258,542						
Алтел	nded return	tions. WATERTOWN MA 02472-4409									
Applic	cation pending	F Name and address of principal officer:	H	• •	a group return for ss? Yes X No						
		DANIA JEKEL 85 MAIN STREET	н	affiliate I(b) Are all include	s? Yes X No affitiates Yes No						
		WATERTOWN MA 02472-4409	ŀ		attach a list. (see instructions)						
I Tay.	-exempt stat			11 140,							
		WW.AANE.ORG	H	l(c) Group	exemption number						
			formation: 19		M State of legal domicile: MA						
Pat		ımmary									
1	Brieffy d	pecifically and an arrivation is mission of most significant activities:									
g	THE	MISSION OF THE ASPERGER'S OF NE (AANE) IS TO FOSTER	AWAREN	ESS,	RESPECT,						
THE MISSION OF THE ASPERGER'S OF NE (AANE) IS TO FOSTER AWARENESS, RESPERACE, AND SUPPORT FOR INDIVIDUALS WITH AS AND RELATED CONDITIONS AS THEIR FAMILIES. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 50											
E	THE	R FAMILIES.									
À 2	2 Check t	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	5% of its ass	ets.							
∞ 5 3	Number	of voting members of the governing body (Part VI, line 1a)		3	20						
<u>8</u> 4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	20						
፮ 5	5 Total nu	mber of employees (Part V, line 2a)		. 5	16						
9 G	5 Total nu	mber of volunteers (estimate if necessary)		. 6	50						
7	7a Total gr	ss unrelated business revenue from Part-VIII, line 12/ column (C)		7a							
	b Net unn	lated business taxable income from Form 990-F, fine 34	<u>,.,.,.</u>	7b	0						
		# 10 10 1 5 2010 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Year		Current Year						
9 8	B Contribi			945	412,723						
Revenue	9 Progran	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4 and 70 GDEN. venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)		,031	<u>256,627</u>						
<u>اً</u> ا	0 Investm	ent income (Part VIII, column (A), lines 3, 4 and 70) GD		,336	670 500 533						
1	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		, 524 , 836	588,522						
		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	930	, 836	1,258,542						
		and similar amounts paid (Part IX, column (A), lines 1-3)									
		paid to or for members (Part IX, column (A), line 4)	300	,841	533,514						
		, other compensation, employee benefits (Part IX, column (A), lines 5–10)		, 0 4 1	222,214						
§ 1		onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)▶ 192,997		W. Corne							
		draising expenses (Part IX, column (D), line 25)▶ 192, 997 penses (Part IX, column (A), lines 11a-11d, 11f-24f)	607	, 911	702,348						
, ,		penses (Part X, Column (A), lines 11a-11d, 111-241) penses. Add lines 13-17 (must equal Part X, column (A), line 25)	1,097		1,235,862						
		e less expenses. Subtract line 18 from line 12	-138		22,680						
	19 Kevellu	: less expenses. Subtract line to notify line 12	Beginning of		End of Year						
碧 2	20 Total as	sets (Part X, line 16)		,266	301,561						
₹ 3 2		blifties (Part X, line 26)		, 489	64,389						
==		ets or fund balances. Subtract line 21 from line 20		,777	237,172						
Par		gnature Block									
	U	der penalties of periury. I declare that I have examined this return, including accompanying schedules	and statement	s, and to t	he best of my knowledge						
	aı	d to is true, come and amolete. Declaration of preparer (other than officer) is based on all info	mation of which	z) biebau	r has any knowledge						
		· Dama Jac		q	1812010						
Sign	1 1	Here Signature of officest									
Sign Here			-								
		DANIA JEKEL	CUTTUE	_ T8	IRECTOR						
		DANIA JEKEL Type or print name and title	CUTTVE	T	DIRECTOR						
Here		Type or print name and title	Check if		Preparer's identifying number						
	P	DANIA JEKEL Type or print name and title	Check if self-								
Here Paid Prepa	P si	DANIA JEKEL Type or print name and title eparer's inature Date	Check if	d ▶ [Preparer's identifying number						
Here Paid	parer's	DANIA JEKEL Type or print name and title eparer's phature m's name (or yours)	Check if self-	d F	Preparer's identifying number (see instructions)						
Paid Prepare	arer's	DANIA JEKEL Type or print name and title eparer's inature Date	Check if self-	d ▶ [Preparer's identifying number (see instructions)						

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Part III: Statement of Program Service Accomplishments (see instructions)	Page 2
1 Briefly describe the organization's mission THE MISSION OF THE ASPERGER'S OF NE (AANE) IS TO FOSTER AWAREN. ACCEPTANCE, AND SUPPORT FOR INDIVIDUALS WITH AS AND RELATED CO. THEIR FAMILIES.	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses\$ 235,502 including grants of\$) (Revenue \$ A KEY COMPONENT TO AANE'S SERVICES IS AN INFORMATION PHONE LINE. INCOMING CALLS ARE TYPICALLY FROM ADULTS WITH ASPERGER'S SYNDROME (AS), PARENTS/FAMILY MEMBERS OF CHILDREN, TEENS OR ADULTS WITH AS, AND THE EDUCATORS AND OTHER PROFESSIONALS WHO WORK WITH THIS POPULATION. THE CALLS ARE ROUTED TO APPROPRIATE STAFF PROFESSIONALS, BASED PRIMARILY ON THE AGE OF THE AS CLIENT SEEKING HELP (CHILD, TEEN, OR ADULT). SUPPORT PROVIDED MAY INCLUDE RESOURCES FOR PROFESSIONAL EVALUATIONS, IEP INQUIRIES, AND ANSWERING OTHER QUESTIONS REGARDING THE CHALLENGES OF ASPERGER SYNDROME.	194,033)
4b (Code) (Expenses\$ 130,972 including grants of\$) (Revenue \$ PROVIDING INFORMATION AND GUIDANCE TO PARENTS, ADULTS WITH AS, EDUCATORS AND OTHER PROFESSIONALS IS A CORE SERVICE OF AANE. THIS IS ACCOMPLISHED THROUGH A FULL CALENDAR OF WORKSHOPS, SPEAKING ENGAGEMENTS AND CONFERENCES. AANE STAFF AND OUTSIDE PROFESSIONALS SHARE A WEALTH OF KNOWLEDGE AND STRATEGIES FOR CLIENTS WITH AS AND THEIR FAMILY AND COMMUNITY MEMBERS.	31,925)
4c (Code) (Expenses \$ 267,754 including grants of \$) (Revenue \$ LARGE CONFERENCES ARE HELD EACH YEAR TO BRING THE AS COMMUNITY TOGETHER AND SHARE CURRENT RESEARCH FINDINGS, PROVIDE SUPPORT AND ADVOCACY, AND PROVIDE A NETWORKING OPPORTUNITY. IN ADDITION, AANE COORDINATES A NUMBER OF SOCIAL GROUPS AND ON-LINE SUPPORT GROUPS TO BRING THE COMMUNITY TOGETHER AND PROVIDE SOCIAL SUPPORT.	238,922)

4d Other program services (Describe in Schedule O)		
(Expenses \$ 162,333 including grants of\$) (Revenue \$	95,185)
4e Total program service expenses \$ 796,561	(Must equal Part IX, Line 25, column (B))	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		x	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	L		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
40	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	1,0	v	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12	X	X
14a		14a		X
	taran da antara da a	144		
•	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			7.5
24-	Schedule J	23		X
44 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	1		
	24b–24d and complete Schedule K. If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a pnor year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	990	X

			Yes	No
28	Dunng the tax year, did any person who is a current or former officer, director, trustee, or key employee		7	
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			-
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		_X_
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	L	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i -		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i		
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı		100	.,,,
	U.S. Information Returns Enter -0- if not applicable	1a 24		i .	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	d reportable			
-	gaming (gambling) winnings to prize winners?	•	1c	$\bar{\mathbf{x}}$	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ſ			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (s				!
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cov	ered by		ے ۔۔۔	
	this return?		3 a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time duning the calendar year, did the organization have an interest in, or a signature or of	her authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or othe				
	account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶			,	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fore	ıgn Bank	ľ		1
	and Financial Accounts				1
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea	ιs	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train		5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E	ntity			
	Regarding Prohibited Tax Shelter Transaction?		5c	<u> </u>	
6a	Did the organization solicit any contributions that were not tax deductible?		6 a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions or			
	gifts were not tax deductible?		6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			,	7
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of m	ore than		~	- ~
	\$75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was			
	required to file Form 8282?		7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums or	a personal	-	-	;
	benefit contract?		7e	<u> </u>	X
f			7f	-	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as require		79	├	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	98-C as			
	required?		7 <u>h</u>	├	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and		ľ	1.	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a	sponsoring			
	organization, have excess business holdings at any time during the year?		8	 	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			~	
а	Did the organization make any taxable distributions under section 4966?		9a	 	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		<u>9b</u>	-	X
10	Section 501(c)(7) organizations. Enter	140			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	٠
11	Section 501(c)(12) organizations. Enter	144-1	İ	1	,
a	Gross income from members or shareholders	11a			
Ь	•	445			
40	amounts due or received from them)	11b			
12a	, , , , , , , , , , , , , , , , , , , ,		12a	+	\vdash
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		, ggr	(2008)
			гоп		• (∠UUO)

Form 990 (2008) ASPERGER'S ASSOCIATION OF NEW 04-3376227 Page 6
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	,	\$*	e , /
	circumstances, processes, or changes in Schedule O. See instructions	-		2
1a	Enter the number of voting members of the governing body 1a 20		,	1
b	Enter the number of voting members that are independent 1b 20			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-	")".	
	the year by the following	÷		1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9 a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	1 2 a	X	L
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ļ .
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			ير ن
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	المراج ا	,	·
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			,
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	-	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be file. MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ DANIA JEKEL 85 MAIN STREET			
W.	ATERTOWN MA 02472-4409 6	17-39	3-3	824

Partivili Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)	_			2)			(D)	(E)	(F)
Name and Title	Average hours per week	or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ELSA ABELE	-	.						25 402		
DIRECTOR NANCY SCHWA	1	X			⊢	┢	-	25,482	0	0
DIRECTOR	1	$ \mathbf{x} $						1,100	0	0
BONITA BETT	ERSREED									
DIRECTOR	1	X			1			0	0	0
STEVEN GARF	INKLE									
DIRECTOR	1	X						0	0	0
JUDY GOOEN										
DIRECTOR	1	X						0	0	0
ANNMARIE GR	pss				ļ	1				
DIRECTOR	1	X	L	ļ		ļ	L.	0	0	0
DAVE HARMON										
DIRECTOR	1	X	<u> </u>	<u> </u>		L.		0	0	0
DOROTHY LUC										_
DIRECTOR	1	X	ļ	<u> </u>	_		<u> </u>	0	0	0
SCOTT MCLEO		l								
DIRECTOR	<u> </u>	X	⊢	<u> </u>	<u> </u>	⊢		0	0	0
DAVID PAULS						1				
DIRECTOR	1	X	├	<u> </u>	ļ	1	├-	0	0	0
GRACE PENG		\ . .			ŀ	1				
DIRECTOR BARBARA ROS	1	X	┢			1	-		0	0
DIRECTOR	1	x						ں ا	0	0
DANIEL ROSE		┿	┢		\vdash	╁	-			0
DIRECTOR	1	x					l	0	0	0
STEPHEN SHO		+	┢╌	 	\vdash	十	一		0	<u>_</u>
EMERITUS	1	x					l	O	0	• 0
SHELLEY VIL		1			Т	1	Г	<u>_</u>		
DIRECTOR	1	X						0	0	0
MICHAEL WIL	COX						Ī			
DIRECTOR	1	X		L	L	\perp		0	0	0
-										
		<u> </u>	<u>L.</u>	_	L	<u>L</u> .			0	

(A)	(B)			((and Highest Compensa (D)	(E)	(F)
Name and title	Average hours per week	or director		Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ELIZABETH M SECRETARY	CLAUGHLIN 2	X		x				o	o	0
HANK MILLER		V							_	
PRESIDENT	2	+	 -	X	\vdash	ļ	<u> </u>	0	0	0
JAN SAGLIO TREASURER	2	X		x				0	0	0
PHIL SCHWAR		Y	1							
VICE PRES	2			X				0	0	
						_				
dh Total	<u> </u>			<u> </u>	L	<u> </u>	Ļ	26,582	0	0
1b Total 2 Total number of incorganization ▶ 0	dividuals (including thos	e in 1	a) w	ho re	eœıv	/ed n	nore	e than \$100,000 in reporta		ne
employee on line 1 4 For any individual the organization are individual 5 Did any person list services rendered	a? If "Yes," complete S listed on line 1a, is the s nd related organizations ed on line 1a receive or to the organization? If "	chedu sum of great	ile J frepo er th	for s ortat an \$	uch ele c 150 ensa	indivomp ,000	ridua ensi ? If '	ation and other compensa "Yes," complete Schedule n any unrelated organization	ition from J for such	3 X 4 X 5 X
	e for your five highest co	omper	nsate	d in	depe	ende	nt c	ontractors that received m	ore than \$100,000 of	
compensation from	n the organization (A) Name and business address						Ţ	Descrip	(B) otion of services	(C) Compensation
										
										6
	dependent contractors (includ	ling 1	hose	e in	1) wh	no re	eceived more than \$100,0	00 in	
DAA	ii die organization 🚩						-		··	Form 990 (200

Pa	nt v	III Statement of Re	venue)				,	
,	•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
世野	4-	F-das-t-d same-same	4- [revenue		512, 513, 0r 514
퉏딁		Federated campaigns	1a						
PE		Membership dues	1b						
물리		Fundraising events	1c						,
gi	d	Related organizations	1d						,
Sign	е	Government grants (contributions)	1e						1
F	f	All other contributions, gifts, grants,	1 1						,
흔뒝		and similar amounts not included abor-	e 1f	4:	12,723				
털	g	Noncash contributions included in line	s 1a-1f \$						
ᅜᄛ	h	Total. Add lines 1a-1f			•	412,723			,
3				•	Busn. Code				
ĕ	2a	CONFERENCE FEES				147,726	147,726		
ا يم	ь	MEMBERSHIP DUES				81,531	81,531		
્ટું	c	CONSULTATION SERV	TCES			27,370	27,370		i
<u></u>	d	CONSULTATION SERV	TCBS				21,010		
É	-				-				
E B	e	All other program convex s	ovo Bulo		<u> </u>				
Program Service Revenue Contributions, gifts, grants and other similar amounts		All other program service re	evenue			256,627			
\exists		Total. Add lines 2a-2f			root and	250,027			
	3	Investment income (includi	rig aivia	enas, inte	rest, and	670			670
		other similar amounts)	* =						070
	4	Income from investment of	lax-exe	тът вола	proceede				
	5	Royalties		(w) F	Damasal .			 	
		(ı) Rea	11	(11) F	Personal	,			,
		Gross Rents							3
	ь	Less rental exps							
	С	Rental inc or (loss		İ					
		Net rental income or (loss)			•				
	/a	Gross amount from (i) Secur sales of assets	ities	(11)	Other Other		_		
		other than inventory		<u> </u>			, ,	, i	ĺ
	b	Less cost or other							,
		basis & sales exps					•		
	С	Gain or (loss)					,		
	d	Net gain or (loss)			•				
	8a	Gross income from fundraising	events						,
ē		(not including \$				ę		•	,
evenue		of contributions reported on line	1c)						
æ		See Part IV, line 18	a						د
Other Re	ь	Less direct expenses	b						
푡		Net income or (loss) from f	undraisi	na events					
•		Gross income from gaming acti		T CVC.IIC					
	- 00	See Part IV, line 19	a					*	
	ь	Less direct expenses	b						
		Net income or (loss) from g	_	activities	•		 		
		Gross sales of inventory, le	_						
		returns and allowances	a						
	ь	Less cost of goods sold	b						
		Net income or (loss) from s	ales of	inventory	•				
		Miscellaneous Reve			Busn. Code				
	11a	SPECIAL EVENTS				503,985	503,985		
	b	OTHER REVENUE				84,537	84,537		
	c								
	d	All other revenue							
		Total. Add lines 11a-11d				588,522			
,		Total Revenue. Add lines	1h. 2a :	3, 4, 5 6d	. 7d. 8c			· · · · · · · · · · · · · · · · · · ·	
		9c, 10c, and 11e	-, - 3 1 \	, , _, _,	•	1,258,542	845,149	o	670
_									

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must co		•		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				1
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part iV, line 22				·
3	Grants and other assistance to governments				,
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				, , , , , , , , , , , , , , , , , , , ,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	73,658	73,658		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	365,505	274,129	43,860	47,516
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	60,755	27,152	16,129	17,474 4,367
10	Payroll taxes	33,596	25,197	4,032	4,367
11	Fees for services (non-employees)				
а	Management				- <u></u>
b	Legal				
С	Accounting	30,187		30,187	
d	Lobbying				
е	Professional fundraising services See Part IV, line 1	7			
f	Investment management fees				
g	Other	30,165		30,165	· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses	102,445	94,895	4,892	2,658
14	Information technology				
15	Royalties				
16	Occupancy	83,047	62,285	9,966	10,796
17	Travel				
18	Payments of travel or entertainment expenses	3			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	129,009	129,009		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,312	5,484	877	951
23	Insurance	2,715		2,715	
			†		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			r	
	and labeled miscellaneous may not exceed	Į l			,
	5% of total expenses shown on line 25 below				100 500
a	FUNDRAISING ACTIVITIES	108,566		07 673	108,566
b	THEFT LOSS	97,673	CE CAE	97,673	
C	GRANT EXPENSES	65,615	65,615	4 074	F40
d	OTHER	26,339	21,716	4,074	549
е	NEWSLETTERS	13,161	13,161	1 724	100
	All other expenses	6,114	4,260	1,734	120
	Total functional expenses. Add lines 1 through 2	1,235,862	796,561	246,304	192,997
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint cost	s			
	from a combined educational campaign and				
	fundraising solicitation				r 000 /
DAA					Form 990 (2008)

	ait /	C Dalance Offeet			· · · · · · · · · · · · · · · · · · ·						
	•		(A) Beginning of year		(B) End of year						
	1	Cash—non-interest bearing	217,928	1	232,962						
	2	Savings and temporary cash investments		2							
	3	Pledges and grants receivable, net		3							
	4	Accounts receivable, net	17,742	4	33,027						
	5	Receivables from current and former officers, directors, trustees, key	<u> </u>		33/02/						
	_	employees, or other related parties Complete Part II of Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section									
	_	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete									
		Part II of Schedule L		6							
Ø	7	Notes and loans receivable, net		7							
set	8	Inventones for sale or use		8							
Assets	9	Prepaid expenses and deferred charges	8,706	9	9,627						
	_	Land, buildings, and equipment cost basis 10a 36,921	Y / Y - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	J 5%							
		Less accumulated depreciation Complete		*,							
		Part VI of Schedule D 10b 17, 182	25,684	10c	19,739						
	11	Investments—publicly traded securities		11							
	12	Investments—other securities See Part IV, line 11		12							
	13	Investments—program-related See Part IV, line 11		13							
	14	Intangible assets		14	·						
	15	Other assets See Part IV, line 11	6,206	15	6,206						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	276,266	16	301,561						
	17	Accounts payable and accrued expenses	12,904	17	62,729						
	18	Grants payable		18							
	19	Deferred revenue	5,585	19	1,660						
	20	Tax-exempt bond liabilities		20							
<u>ë</u>	21	Escrow account liability Complete Part IV of Schedule D		21							
Liabilities	22	Payables to current and former officers, directors, trustees, key									
ap		employees, highest compensated employees, and disqualified									
		persons Complete Part II of Schedule L		22							
	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable		24							
	25	Other liabilities Complete Part X of Schedule D		25							
-0-	26	Total liabilities. Add lines 17 through 25	18,489	26	64,389						
alances		Organizations that follow SFAS 117, check he ▶			_						
a		complete lines 27 through 29, and lines 33 and 34.		,							
Ba	27	Unrestricted net assets	168,679		149,176						
	28	Temporarily restricted net assets	89,098		87,996						
Fund	29	Permanently restricted net assets		29							
<u>u.</u>		Organizations that do not follow SFAS 117, check here									
ō		and complete lines 30 through 34.									
Assets	30	Capital stock or trust pnncipal, or current funds	<u> </u>	30	_ 						
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
¥	32	Retained earnings, endowment, accumulated income, or other funds	257 777	32	237,172						
Net	33	Total net assets or fund balances 257,777 33									
_	34	Total liabilities and net assets/fund balances	276,266	34	301,561						
<u> </u>	art 2	KI Financial Statements and Reporting		-	Van Na						
1	۸۵	counting method used to prepare the Form 990 Cash X Accrual O	ther		Yes No						
_		ere the organization's financial statements compiled or reviewed by an independent acceptable.			2a X						
		ere the organization's financial statements complied of reviewed by an independent accountant?	wuntant,		2b X						
		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsi	hility for oversight of								
		e audit, review, or compilation of its financial statements and selection of an independe			2c X						
2		a result of a federal award, was the organization required to undergo an audit or audit			+						
•		e Single Audit Act and OMB Circular A-133?			3a						
l		Yes," did the organization undergo the required audit or audits?			3b						
				•							

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ASPERGER'S ASSOCIATION OF NEW ENGLAND, INC.

Employer identification number 04-3376227

Г	ITL I	Reas	on tor	Public Charity	Status (Ali organizatio	ns mu	st comp	olete ti	iis pa	it.) (S	ee m	structio	JHS)		
he (o <u>rg</u> a	nization is no	t a pnvat	te foundation beca	use it is (Please check only o	ne organ	ızatıon)								
1		A church, co	nvention	of churches, or as	ssociation of churches describe	ed in s ec	tion 170	(b)(1)(A)(i).						
2		A school des	scribed in	section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or	а сооре	rative hospital sen	vice organization described in	section	170(b)(1)	(A)(iii).	(Attach	Sched	ule H)				
4	П				ed in conjunction with a hospit							the hose	oital's i	name,	
	_	city, and stat			,										
5	П	•		ated for the benefi	t of a college or university own	ed or one	erated by	a gove	rnmenta	al unit d	escribe	ed in			
•	ш			(iv). (Complete Pa		од от орт		a gove			000.100	,			
6	П				governmental unit described ii	n caction	170/bV	11/41/51							
	\mathbf{x}			_	a substantial part of its support					a tha ar	oporal r	nublic.			
•	E	_		170(b)(1)(A)(vi). (•	ı ilolli a ç	overnine	inai uiii	t or mon	i tile ge	sileiai į	Jublic			
0															
8 9	Н				170(b)(1)(A)(vi). (Complete P						.		_		
9	ш				(1) more than 33 1/3 % of its s							_	5		
		•			empt functions—subject to cert		•								
			_		and unrelated business taxable		-		i tax) ir	om bus	inesse	S			
40			_		30, 1975 See section 509(a)		•		V 4V /						
10	Н	•	•	•	d exclusively to test for public s	•		•)			
11	Ш	=	_	· · · · · · · · · · · · · · · · · · ·	d exclusively for the benefit of,					•		41			
					orted organizations described in							ection			
					the type of supporting organiz c Type III–Function			_	_						
_	П	a ∐ Type		b Type II				d		e III–O					
е	Ш	-		•	rganization is not controlled dir	•	•	•		•		4			
				=	rs and other than one or more	publicity s	upportec	organiz	zations	uescrib	ea in s	ection			
		509(a)(1) or			to make a from the IDC that	t T	al Tuas	. II. a.a. T.	111						
f		-			termination from the IRS that i	tisaiyp	e i, i ype	ii, or i	ype III s	uppoπι	ng				
		organization.						- 6 41							Ш
g		_		b, nas the organiz	ation accepted any gift or conf	tribution t	rom any	or the							
		following pe											ſ	1	
				-	controls, either alone or togeth	•	ersons de	escribed	ın (II)			1		Yes	No
					of the supported organization?	,							11g(ı)		
				r of a person descr	• •								11g(ii)		
				•	described in (i) or (ii) above?								11g(i:i)		
h		Provide the	following	information about	t the organizations the organizations	ation sup	ports	, <u>.</u>							
(i) I		e of supported		(ii) EIN	(iii) Type of organization		rganization	(v) Did y	•		s the	(v	ii) Amo		
	org	anization			(described on lines 1–9 above or IRC section	. ,,	sted in your document?		nization in of your	organizat (i) organi	ion in col zed in the		suppo	ort	
					(see instructions))	govoning	oodinent.		ort?		S ?				
						Yes	No	Yes	No	Yes	No				
	. –														
								L							
			<u> </u>			 		<u> </u>							
				 				<u> </u>		<u> </u>					
				,		1		I		l	1				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (e) 2008 (c) 2006 (d) 2007 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 252,706 196,191 345,673 666,718 494,254 1,955,542 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-3 252,706 196,191 345.673 666.718 494.254 1,955,542 The portion of total contributions by each ~ person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 244,089 Public support. Subtract line 5 from line 4 1,711,453 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2007 (c) 2006 (a) 2004 (b) 2005 (e) 2008 (f) Total 7 Amounts from line 4 252,706 196,191 345,673 666,718 494,254 1,955,542 R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 619 1.461 7,594 6,336 670 16,680 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 202,578 588,522 (Explain in Part IV) 126.451 345.518 397.524 1,660,593 11 Total support. Add lines 7 through 10 3,632,815 Gross receipts from related activities, etc. (see instructions) 12 660,150 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 47.1109 % 15 Public support percentage from 2007 Schedule A. Part IV-A. line 26f 15 55.1942 % 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box ▶ 🖾 and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2008 ASPERGER'S ASSOCIATION OF NEW 04-3376227 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (d) 2007 (e) 2008 (c) 2006 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 6 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 18 19a 33 1/3 % support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

SEMINARS \$ 18,180

SPECIAL EVENTS \$ 1,484,203

MISCELLANEOUS \$ 158,210

SCHEDULE C (Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 No be completed by organizations described below.

▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of organization ASPERGER'S ASSOCIA! ENGLAND, INC.			04-33762	fication number
Pa	See the instructions for Schedule		ion 501(c) an	d section 527 or	ganizations.
1	Provide a description of the organization's direct and		vities in Part IV		
2	Political expenditures	,,		▶\$	
3	Volunteer hours			_	
Pa	art I-B To be completed by all organizati		ion 501(c)(3).		
	See the instructions for Schedule	···			
1	Enter the amount of any excise tax incurred by the o	_		▶\$	
2	Enter the amount of any excise tax incurred by orga	•	n 4955	▶\$	- p.,
3	If the organization incurred a section 4955 tax, did it	file Form 4720 for this year?			Yes No
4a					∐Yes ∐ No
<u>b</u>	If "Yes," describe in Part IV art I-C To be completed by all organizati	ione exempt under seet	ion E01/o) ov	cont costion E01	1/01/21
	See the instructions for Schedule	C for details.		cept section 50	
1	Enter the amount directly expended by the filing organ	nization for section 527 exempt	function		
	activities			▶ \$_	
2	Enter the amount of the filing organization's funds con	tributed to other organizations f	for section		
	527 exempt function activities			▶\$	
3	Total of direct and indirect exempt function expenditur	es Add lines 1 and 2 and enter	here and	_	
	F 1100 DOL line 17h				
	on Form 1120-POL, line 17b	_		▶\$	_
4	Did the filing organization file Form 1120-POL for this	=		P \$	Yes No
4 5	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification	on number (EIN) of all section 5		• •	
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the	on number (EIN) of all section 5 amount was paid from the filing	organization's fu	nds or were political	ments
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly delive	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga	organization's fu nization, such as	nds or were political	ments
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate	nents d fund
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly delive	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga	organization's fu nization, such as	nds or were political	ments
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
	Did the filing organization file Form 1120-POL for this State the names, addresses and employer identification were made. Enter the amount paid and indicate if the contributions received and promptly and directly deliver	on number (EIN) of all section 5 amount was paid from the filing ered to a separate political orga to is needed, provide information	organization's fu nization, such as on in Part IV	nds or were political a separate segregate (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If

Schedule C (Form 990 or 990-EZ) 2008 AS				04-3376	
Part II-A To be completed by					5768
<u>(election under secti</u>				for details.	
A Check ▶ 🔲 if the filing organiz					
B Check ▶ 🔲 if the filing organiz			control" provis	sions apply.	
Limits on Lo (The term "expenditures"	bbying Expendi	tures s paid or incurre	d.) °	(a) Filing rganization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence					
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ac	dd lines 1c and 1d)				
f Lobbying nontaxable amount Enter the	e amount from the fol	lowing table in both			
columns					
If the amount on line 1e, column (a) or (b) is:	The lobbying non	taxable amount is:			o d
Not over \$500,000	20% of the amount	on line 1e			**
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500,0	000	ų	٠ ,
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1,000	0,000	, , ,	•
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% o	f the excess over \$1,500	000		1,
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 2	25% of line 1f)				
h Subtract line 1g from line 1a Enter -0-	ıf line g is more than	line a			
i Subtract line 1f from line 1c. Enter -0- i	f line f is more than lii	ne c			
j If there is an amount other than zero o	n either line 1h or line	1i, did the organization	on file Form 4720 re	eporting	
section 4911 tax for this year?					Yes No
	4-Year Averagin	g Period Under	Section 501(h))	
(Some organizations tha					of the five
columns below.					
Lobi	ying Expenditu	res During 4-Yea	r Averaging P	eriod	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Sche	dule C (Form 990 or 990-EZ) 2008 ASPERGER'S ASSOCIATION OF NEW 0	4-3	376	227		Page 3
Pa	To be completed by organizations exempt under section 501(c)(3) that has 5768 (election under section 501(h)). See the instructions for Schedule C is				n	
	or so ference: and or consumer of the second for consumer of		1)		(b)	
		Yes	No	Ar	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local			,		
	legislation, including any attempt to influence public opinion on a legislative matter or					,
	referendum, through the use of				,	2
а	Volunteers?	X		,		' Q 2
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X]		
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?	X				465
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				233
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X			
i	Other activities? If "Yes," describe in Part IV		X			
j	Total lines 1c through 1i					698
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		-	
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	, , , , , , , , , , , , , , , , , , ,				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	l				
P	art III-A To be completed by all organizations exempt under section 501(c)(4), sec	ction	501((c)(5), or		
	section 501(c)(6). See the instructions for Schedule C for details.					
				_	Yes	No.
1	Were substantially all (90% or more) dues received nondeductible by members?			1	_	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	\neg	
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		⊥
_P	art III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No"	OR	it Pa	rt III-A,		
	question 3 is answered "Yes." See Schedule C instructions for details.			ſ		
1	Dues, assessments and similar amounts from members		1			
2						
	political expenses for which the section 527(f) tax was paid).					
	Current year		2a			
	Carryover from last year		2b			
_	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		5			

Part IV Supplemental Information

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Mattach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public

Inspection

Employer identification number Name of the organization ASPERGER'S ASSOCIATION OF NEW 04-3376227 ENGLAND, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I .: the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (dunng year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements **2**c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located _ _ _ _ _ _ _ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the y Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year\$ __ _ _ _ _ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 ASPERGER '				76227	Page 2
Pa	rt·III Organizations Maintainin	g Collections of Ar	t, Historical Tr	easures, or Ot	her Similar	Assets (continued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of	the following that a	re a significant use	of its collection	
а	Public exhibition	d Loan	or exchange progra	ıms		
b	Scholarly research	e 🗌 Other	-			
С	Preservation for future generations	_				-
4	Provide a description of the organization's of Part XIV	collections and explain ho	ow they further the	organization's exen	npt purpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as part	of the organization	's collection?		Yes No
Pa	rt IV Trust, Escrow and Custo				wered "Yes"	" to Form 990,
	Part IV, line 9, or reported					
1a	Is the organization an agent, trustee, custoo	dian or other intermediary	for contributions of	r other assets not		п., п.,
	included on Form 990, Part X?					∐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the follow	ving table			
						Amount
	Beginning balance				1c	
	Additions during the year			•	1d	· · · · · · · · · · · · · · · · · · ·
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on		7			∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XI			". = 000	5	
Pa	rt V Endowment Funds. Com					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years i	back (e) Four years back
1a	Beginning of year balance					<u> </u>
b	Contributions		·		,	
C	Investment earnings or losses		3		2	<u> </u>
d	Grants or scholarships		*****		ļ.,,	
е	Other expenditures for facilities		, ,	,		
	and programs			ļ	,	
f	Administrative expenses			ļ		
g	End of year balance			<u> </u>	<u> </u>	
2	Provide the estimated percentage of the ye	ar end balance held as				
	Board designated or quasi-endowment▶	%				
	Permanent endowment ▶ %					
	Term endowment ▶ %					
3a	Are there endowment funds not in the poss	ession of the organization	n that are held and	administered for the	e	
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organization					3b
4	Describe in Part XIV the intended uses of the			000 5 414 11		
Pa	rt VI Investments—Land, Build					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other		preciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment		36	,921	17,182	19,739
	Other					
Tota	I. Add lines 1a-1e (Column (d) should equa	l Form 990, Part X, colun	nn (B), line 10(c))		>	19,739

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 ASPERGER'S ASSOCIATION		04-3376227	Page 3
Part VII Investments—Other Securities. See Form 9			
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	market value
Financial derivatives and other financial products			
Closely-held equity interests			-
Other			
		· · · · · · · · · · · · · · · · · · ·	
	-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
**************************************		Cost of end-of-year	market value
			.
			
			<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15).		
(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	0.5	<u> </u>	····-
Part X Other Liabilities. See Form 990, Part X, line		T	
(a) Description of liability	(b) Amount	< ,	
Federal income taxes		·	1
		-	
		1	
		1	
		1	
		1	
	1	1	
]	,
]	
]	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	L	<u> </u>	
In Part XIV, provide the text of the footnote to the organization's financial $% \left(1\right) =\left(1\right) \left($	statements that reports th	ne organization's liability for	
uncertain tax positions under FIN 48			

	dule D (Form 990) 2008 ASPERGER'S ASSOCIATION OF NEW 04-337622		Page 4
Pa	art.XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,258,542
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,235,862
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	22,680
4	Net unrealized gains (losses) on investments	4	·
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	_8_	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	22,680
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Ret	
1	Total revenue, gains, and other support per audited financial statements	1	1,258,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	3	
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b	maningia)	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,258,542
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b] ·	
b	Other (Describe in Part XIV)	* #	
С	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	1,258,542
Pa	<u>irt XIII。Reconciliation of Expenses per Audited Financial Statements With Expenses p</u>	er R	
1	Total expenses and losses per audited financial statements	1	1,235,862
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	*	
а	Donated services and use of facilities 2a	.	
b	Prior year adjustments 2b]	
C	Losses reported on Form 990, Part IX, line 25	,3°	
d	Other (Describe in Part XIV)	` `*	
е	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	1,235,862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5		5	1,235,862
	art XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	1b	
and	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
_		. – .	
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Page 5	04-3376227	IATION OF NEW	ASPERGER'S ASSOCI tal Information (continued)	Schedule D (Form 990) 2008
			tal Information (continued)	Part:XIV Supplemen
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. OMB No 1545-0047 Open To Public

Name of the organization ASPERGER'S ASSOCIATION OF NEW

Inspection Employer identification number

ENGLAND, INC.						04-	<u> 33</u>	<u> 762</u>	27			
Part I Excess Benefit Transactions (s To be completed by organizations that a	section 5	01(c)("Yaa"	3) and sect	ion 501(c)(4)	organizatioi	ns only)	00 []	, D	437 la	40		
To be completed by diganizations that a	ınswerea	res	on Form 9	90, Paπ IV, I	ine 25a or 25	ob, or Form 9	9U-EZ	., Par	t V, III			
1 (a) Name of disqualified person					(b) Description	on of transactio	n			<u> </u>	Correc	
						 				Yes	+	No
											+	
											\dashv	
											T	
2 Enter the amount of tax imposed on the organization	ion mana	gers o	or disqualific	ed persons d	luring the yea	ar						
under section 4958							▶ \$					
3 Enter the amount of tax, if any, on line 2, above, re				ition			▶ \$	_				
Part II Loans to and/or From Interest												
To be completed by organizations that a	Inswered	"Yes"	on Form 9	90, Part IV, I	ine 26, or Fo	rm 990-EZ, F	'art V,	line :	38a			
(a) Name of interested person and purpose		oan to		Onginal	(d) Ba	ance due	(e) In	default			(g) V	
		om the	pnncipa	al amount						oard or nittee?	agree	emen
	<u> </u>	From					Yes	No	Yes		Yes	No
	10	Fibili			 	-	1 63	140	163	140	163	-140
					 							
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Part III Grants or Assistance Benefitti	ina Inte	rest	ed Perso		Φ							
To be completed by organizations that a					ine 27							
(a) Name of interested person						person and the	(c) Amo	unt of	grant (or type	e of
			`		ganization		L `			tance	,,	
							ـــــ					
				 			 					
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Part IV Business Transactions Involvi	ina Inte	roet	ed Parec	ne			<u> </u>					
To be completed by organizations that a					ine 28a. 28b.	ог 28с						
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(a) Name of interested person	, , ,		person and the		nsaction	(u) Desc	puon	OI Haii	isacio	""	of reve	org enues
		orga	inization								Yes	
ELSA ABELE	DIR	ECT	OR		25,482							X
NANCY SCHWARTZ	DIR	ECT	OR		1,100	TEACHIN	IG S	ERV	ICE	S		X
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

Employer identification number

ASPERGER'S ASSOCIATION OF NEW ENGLAND, INC.	04	3376227
AMENDED RETURN: FORM 990, TAX YEAR BEGINNING 07/01/08, AND ENDING 06/30/09		
FORM 990, PART VII, SECTION A, LINE 1a - OFFICERS, DIRECTORS, TRUSTEES, KEY EI	MPLOY	EES, AND HIGHEST
COMPENSATED EMPLOYEES: Table revised to include 20 Directors and Officers, as rep	orted ir	Form 990,
Part VI, Section A, Line 1(a) and 1(b).	·	
FORM ORD DART VIII. SECTION A LINE 45. OFFICERS DIRECTORS TRUSTERS VEVE	MDI OV	TEC AND MOUTOT
FORM 990, PART VII, SECTION A, LINE 1b - OFFICERS, DIRECTORS, TRUSTEES, KEY EI	VIPLOT	EES, AND HIGHEST
COMPENSATED EMPLOYEES: Total Compensation revised for Directors and Officers in	cluded	in Part VII, Section A,
Line 1(a)		
Line 1(a)		
		
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization ASPERGER'S ASSOCIATION OF NEW ENGLAND, INC.

Employer identification number 04-3376227

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

OTHER PROGRAM SERVICES INCLUDE DIRECT GRANTS TO CLIENTS

AND/OR FAMILIES, PROVIDING INFORMATION AND MATERIALS, AND

MEMBER BENEFITS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

BARBARA ROSENN

DANIEL ROSENN

PSY.D.

M.D.

MARRIED

FORM 990, PART VI, LINE 5 - MATERIAL DIVERSION OF ASSETS
IN 2010, IT WAS DETERMINED THAT A THEFT OF CASH HAD OCCURRED. THE TOTAL
AMOUNT OF THE THEFT WAS APPROXIMATELY \$98,000 IN 2009 AND IS INCLUDED AS
"LOSS" IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES. THE AMOUNT STOLEN WAS
APPROXIMATELY \$32,000 FOR FISCAL YEAR 2008. SUBSEQUENT TO JUNE 30, 2009,
AN ADDITIONAL LOSS FROM THEFT OF APPROXIMATELY \$46,000 WAS INCURRED.
THEREFORE, THE TOTAL LOSS FROM THEFT FOR THE THREE FISCAL YEARS AFFECTED
WAS APPROXIMATELY \$176,000.

SINCE DISCOVERING THE PROBLEM, AANE HAS DEVELOPED AND BEGUN TO INSTITUTE A STRONGER SYSTEM OF CONTROLS DESIGNED TO PREVENT THEFT. FURTHER, AANE WILL PURSUE RECOVERY OF THE LOST FUNDS. THE AMOUNT RECOVERABLE CANNOT BE DETERMINED AT THIS TIME.

FORM 990, PART VI, LINE 9B - POLICIES AND PROCEDURES GOVERNING CHAPTERS THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES GOVERNING THE

ACTIVITIES OF ITS CHAPTERS TO ENSURE THEIR OPERATIONS ARE CONSISTENT WITH THOSE OF THE ORGANIZATION.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990 IS PREPARED EACH YEAR BY THE CPA FIRM THAT PERFORMS THE ANNUAL AUDIT. MANAGEMENT AND STAFF ARE DIRECTLY INVOLVED IN COMPLETING THE DETAILED INFORMATION. AANE'S TREASURER AND FINANCE COMMITTEE THEN REVIEW AND APPROVE THE FORM 990 PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE. THE BOARD OF DIRECTORS HAS GIVEN AUTHORITY TO THE FINANCE COMMITTEE TO REVIEW AND APPROVE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AT THE BEGINNING OF EACH FISCAL YEAR, BOTH EMPLOYEES, CONSULTANTS, ADVISORY BOARD MEMBERS, AND BOARD MEMBERS REVIEW THE AANE DISCLOSURE POLICY AND SIGN THE AANE CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD BASED ON COMPARISON REVIEW OF LOCAL AREA NONPROFIT CEO'S.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION FOR THE ORGANIZATION'S KEY EMPLOYEES INCLUDES REVIEW BY CEO WITHIN BUDGET APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, PART IV, LINE 29 - NON-CASH CONTRIBUTIONS - DONATED AUCTION ITEMS AANE HELD A FUNDRAISING GALA ON MAY 9, 2009 THAT INCLUDED BOTH A LIVE AND A

Employer identification number

04-3376227

SILENT AUCTION. DONATED ITEMS SUCH AS TICKETS, GIFT CERTIFICATES, SPORTS MEMORABILIA, PERSONAL ART, CLOTHING AND JEWELRY HAVING A TOTAL DONATED VALUE OF \$78,252 WERE SOLD. THE ASSOCIATED AUCTION CASH RECEIPTS TOTALING \$260,725 ARE INCLUDED IN REVENUES ON PAGE 9, PART VIII, LINE 11A.

RESTATEMENT OF NET ASSETS - AANE RESTATED CERTAIN FISCAL YEAR 2008 ACCRUED PAYROLL AND RELATED COSTS IN THE AMOUNT OF \$35,989. IN ADDITION, FISCAL YEAR 2008 ACCOUNTS RECEIVABLE WERE REDUCED BY \$7,297 TO REFLECT BAD DEBT EXPENSE. THE NET EFFECT OF THESE RESTATEMENTS WAS TO REDUCE UNRESTRICTED NET ASSETS BY \$43,286.

04-3376227

Federal Statements

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code
INTEREST INCOME	\$ 670		14	
TOTAL	\$ 670			

04-3376227	Federal Sta	Statements		
	Form 990, Part IX, Line 24f - All Other Expenses	- All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT RENTL DUES AND SUBSCRIPTIONS TELEPHONE TOTAL	\$ 4,090 1,100 924 \$ 6,114	\$ 3,067 500 693 \$ 4,260	\$ 1,023 600 111 \$ 1,734	\$ 120

04-3376227

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total		Excess	
	\$ 316,745	\$	244,089	
TOTAL	\$ 316,745	\$	244,089	